

FILLED AUG 15 1941

State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1422

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Station Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 hours  
(Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Frances G. Lombardi

3. (b) If veteran, name war - - - 3. (c) Social Security No. - - -

4. Sex Female / 5. Color or race White  
6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 26 years  
Andrew D. Lombardi 6. (c) Age of husband or wife if deceased 1918  
7. Birth date of deceased February (Month) 6 (Day) 1918 (Year)

8. AGE: Years 23 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Philadelphia / Pa.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Charles Ford 7  
13. Birthplace Unknown 7  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Debberson  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew D. Lombardi  
(b) Address 3504 Victor St., St. Louis, Mo.  
17. (a) Removal (b) Date thereof July 5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fitz Roy, Pennsylvania

18. (a) Signature of funeral director C. Hoffmeister  
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) JUL 5 1941 (b) R. K. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3504 Victor St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? - - - / years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
year 1941 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from 7:15 A.M.  
July 4, 1941 to July 5, 1941;  
that I last saw her alive on July 5, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hemorrhage, Post-partum Duration  
severe.

Due to Retained Placenta (Adherent).

Due to

Other conditions Pregnancy, full term.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None.

Of autopsy None. 146c

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Joseph A. Mueller (Specify type of place) Means of injury  
23. Signature Joseph A. Mueller, 1st Lt. MC.  
Address Sta. Hosp. Jeff. Bks., Mo. Date signed 7-5-41.

AUG 14 1941

JUL 11 1946

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

*Louis P. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7514 S Broadway*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**